

# Foster Family Home - Corrective Action Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-9

91-572 Akua Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 6/4/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed recertification inspection.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate [REDACTED] client # 2

## Foster Family Home Records [11-800-54]

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #2 service plan for [REDACTED] does not have. Service plan also has for [REDACTED] by CCFFH which is not documented

Client # 3 service plan outdated last was 12/14/20

54.(c)(7) Client # 1 2 and 3 No Personal allowance log documentation

54.(c)(8) Client # 1 2 and 3 No client belonging record documentation



Compliance Manager

  
Primary Care Giver

6/4/21

Date

6/4/21

Date